

Hawaii's Children's Justice Task Force  
Child Sexual Abuse System's Response Project Report

March 2009

Introduction/History

For over 20 years, Hawaii's multiple agencies that respond to child sexual abuse cases, realizing that the difficult nature of these cases requires coordinated response, have worked together to improve the process. For example, each county via the Children's Justice Center program has developed Procedural Guidelines for Interagency Response to Child Sexual Abuse Cases on investigating allegations of child sexual abuse. There is a statewide research-based guidelines for the forensic interviewing of children. The five (5) Children's Justice Centers (CJCs) are accredited members of the National Children's Alliance. Agencies representing the various disciplines across the state have a commitment to provide services. Kauai and the Big Island of Hawaii responded to a lack of physicians willing to perform needed forensic medical exams by developing Sex Assault Nurse Examiner (SANE) Programs.

Approximately three (3) years ago, the Department of Human Services/Child Welfare Services (DHS/CWS) in consultation with the National Resource Center for Child Protective Services, created a Differential Response System (DRS) to provide appropriate level of services to families. There are two (2) centralized intake units located on Oahu who accept calls from the community. Cases assessed at the highest risk with safety concerns are assigned to Child Welfare Services for investigation and follow-up services. Cases with moderate risk are referred to community agencies contracted to provide voluntary management services. Cases at low risk may be referred to community agencies contracted to provide Family Strengthening Services. DHS/CWS revised its criteria for intakes involving minors (under the age of 18 years) who are abusive or sexually acting out against other minors. These cases are no longer accepted for investigation for alleged abuse unless the parents/legal caretakers are not protective of their children, a case may be investigated for neglect. No new formalized system was developed to respond to this "gap". There have also been issues related to decreased funding of various agencies. Some agencies that had specialized units handling child sex abuse cases, moved to a more generic model. Retention and recruitment of professionals is an ongoing concern.

Hawaii Children's Justice Task Force Child Sexual Abuse Response Project  
Purpose: The Hawaii Children's Justice Task Force, in collaboration with the local children's justice interagency committees and nonprofit entities, voted in favor of a comprehensive review of Hawaii's system's response to cases of child

sexual abuse (CSA). The Oahu, West Hawaii and East Hawaii committees are subcommittees of the CJC's of Oahu, West Hawaii and East Hawaii's Interagency Advisory Committees respectively. The Maui and Kauai interagency committees are non-profits, 501c3s. The Children's Justice Centers is a statewide program in the Hawaii Judiciary established by Hawaii Revised Statute (HRS) Chapter 588. Its mission is to coordinate the system's response to cases of child abuse with a focus on sexual abuse. This would include intake through the legal (civil/criminal) systems.

The goals of this Child Sexual Abuse System's Response Project were:

- Review and Document the Current System
- Develop a System's Improvement/Reform Plan with Recommendations for Three (3) Years
- Provide Information to Agency Administrators

#### Methodology of Data Collection

##### Roles and Responsibility Document:

To begin this project, each of the five (5) local children's justice committees asked their key agencies for their respective roles and responsibilities in responding to child sexual abuse cases. The responses were compiled into five (5) charts/documents: Oahu, West Hawaii, East Hawaii, Maui and Kauai. The consolidated charts were then re-sent to the agencies for review and feedback. These charts were used in the Focus Groups. (Refer to the charts, Attachment #1)

##### Focus Groups:

To document Hawaii's current system's response to child sexual abuse cases, ten focus groups were conducted statewide in October and November 2008. Two groups were held on Oahu, two in West Hawaii, two in East Hawaii, two on Maui and two on Kauai. One focus group was for supervisors/administrators, the other one was for line staff. Each focus group was approximately three (3) hours each. The following agencies were invited to send representatives.

Oahu – Department of Human Services/Child Welfare Services (DHS/CWS), Catholic Charities (CC), Volunteer Guardian Ad Litem (VGAL), Department of the Attorney General (DAG), Department of the Prosecuting Attorney (DPA), Children's Justice Center of Oahu (CJC Oahu), Military, Children's Alliance of Hawaii (CAH), U.S. Attorney's Office (USAO), Honolulu Police Department (HPD), Child and Family Services (CFS), Department of Education (DOE), Victim Witness Kokua Services (VWKS), Sex Abuse Treatment Center (SATC), Department of Health (DOH), Family Court, Kapiolani Child Protection Center (KCPC), Public Safety (Sex Offender Management Team)

East Hawaii (EH) – Child and Family Services (CFS), Crisis Intervention/Treatment Provider (YWCA-EAp), Sexual Assault Nurse

Examiners (SANE), Adult Probation, Department of Human Services/Child Welfare Services (DHS/CWS), Office of the Prosecuting Attorney (OPA), Victim Assistance Unit (VAU), Hawaii Police Department (HPD), Department of Health (DOH) – Family Guidance Center, Children’s Justice Center of East Hawaii (CJC East Hawaii)

Kauai – Department of Human Services (DHS), Kauai Police Department (KPD), Young Women’s Christian Association (YWCA), Sexual Assault Nurse Examiners (SANE), Department of Education (DOE), Department of Health (DOH)/Child and Adolescent Mental Health Division (CAMHD), Department of the Attorney General (DAG), Department of the Prosecuting Attorney (DPA), Children’s Justice Center of Kauai (CJC Kauai), Friends of the Children’s Justice Center of Kauai (FCJC Kauai), Juvenile Client and Family Services Branch (JCFSB), Victim/Witness Program (Vic./Wit.)

West Hawaii (WH) – Hawaii Police Department (HPD), Department of Human Services/Child Welfare Services(DHS/CWS), Office of the Prosecuting Attorney (OPA), Department of the Attorney General (DAG), Sexual Assault Nurse Examiners (SANE), Family Court, Children’s Justice Center of West Hawaii (CJC West Hawaii), Victim Assistance Unit (VAU), Neighborhood Place of Kona (Family Strengthening), Personal Parenting (Voluntary Case Management), Adult Probation; Department of Education (DOE), Child and Family Service (CFS), Empowering Alternatives (YWCA), Department of Health/Family Guidance Center (DOH), Judiciary Contracted Attorney, Legal Aid, Private Practice Therapist

Maui – Maui Area Health Education Center (AHEC), Molokai Department of Human Services/Child Welfare Services (DHS/CWS), Maui Department of Human Services/Child Welfare Services (DHS/CWS), Department of Education (DOE), Queen Liliuokalani Children’s Center (QLCC), Department of Health (DOH), Department of the Prosecuting Attorney (DPA), Department of the Attorney General (DAG), Child and Family Service (CFS), Maui Police Department (MPD), Children’s Justice Center of Maui (CJC Maui)

\*Note: Agencies who were unable to personally attend and participate in the focus groups were given an opportunity and asked to provide their written feedback.

A facilitator from the Department of Health in West Hawaii was contracted to conduct the focus groups statewide. Due to a conflict in scheduling, the facilitator was not available for the Maui focus groups and a retired Family Court Judge facilitated the two (2) Maui focus groups. In striving for consistency, the same agenda and format was utilized in all ten focus groups. The agenda included:

- I. Introduction: Process, Agenda, Ground Rules, Group Expectations
- II. Review of Hawaii's Current System (Flow Chart of Roles/Responsibilities)
- III. Identification of Additional Key Stakeholders/Voices
- IV. Identify Strengths in the Current System
- V. Identify Gaps in the Current System
- VI. Identify Possible Solutions to Priority Issues
- VII. Recommend/Identify Next Steps
- VIII. Wrap-Up/Meeting Evaluation

Upon conclusion of the last focus groups (West Hawaii's) the written summaries of the 10 meetings were shared with representatives of the Statewide Committee of the Children's Justice Task Force. The Child Sexual Abuse System's Response Matrix – Statewide Strengths/Gaps and Recommendations were completed. This document was forwarded to the Focus Group participants for their final review/corrections to content. (Refer to Attachment #2, The Child Sexual Abuse System's Response Matrix Statewide Strengths/Gaps and Recommendations)

Statewide Commonalities:  
Results of the Focus Groups

Strengths of the System:

(This is a brief summary. Refer to Attachment #2 for The Child Sexual Abuse System's Response Matrix Statewide Strengths/Gaps and Recommendations)

1. Commitment of all the agencies (Overall State, Federal, City and Private agencies who respond to cases of child sexual abuse are committed)
2. Willingness to collaborate
3. Unilateral/integrated training (puts everyone on the same page) and because of the state of the economy, these trainings are sometimes the ONLY training

CJA funds have been used to provide a significant number of training activities. Annual training events, hosted by the CJC's, include the following:

- General Dynamics of Child Sexual Abuse. Each of the five (5) CJC's hosts this one (1) day training once a year. Approximately 300 professionals attend this training in a calendar year. This training is focused on the dynamics of intrafamilial sexual abuse from a child's perspective.
- Forensic Interview Training is a three-day curriculum for select professionals (primarily investigators) who interview alleged child victims of sexual abuse. This mandatory training is conducted approximately three times a year. The CJC's Interview Guidelines are in the process of being updated based on the most recent research/review of the literature. Reviews are done to ensure that these Guidelines are based on current best practice.

In prior years, more funds were utilized to send select partner agency staff to conferences such as the San Diego Child Maltreatment Conference and the Dallas Crimes Against Children Conference. While attendance at these national conferences are important, the CJ Task Force began to contract national speakers to provide training in Hawaii. This has allowed more professionals to attend locally. Whenever possible, the trainings have been replicated on different islands. Most of these trainings have included multidisciplinary teams (e.g. law enforcement, child welfare, mental health and legal and medical professionals). Agencies have partnered to share expenses. For example, in April 2008, the CJ Task Force partnered with the Department of the Attorney General, U.S. Attorney's Office and other agencies to provide training by Dr. Peter Collins. Dr. Peter Collins conducted trainings on Oahu, Big Island and Maui on adult sex offenders for approximately 383 professionals. This training was held in response to requests for more information on sex offenders (typology).

In 10/2008, the Oahu children's justice committee partnered with the Department of the Attorney General, U.S. Attorney's Office, Department of the Prosecuting Attorney and other agencies to have Dr. Sharon Cooper, Forensic Pediatrician provide training on Oahu on child exploitation and high risk youth behaviors. She did one large scale conference, one training for the Internet Crimes Against Children Task Force (ICAC), one briefing for Hawaii legislators and a training for forensic interviewers on child pornography cases.

Approximately 455 professionals attended these training events. In addition, the training for consultant forensic interviewers and the CJC's Program Directors included 32 professionals total. This was done in response to recent cases in Hawaii that involved victims of child pornography. The victims had special needs in the interview process to obtain information and minimize their trauma.

#### 4. Existence of CJC Program (w/Case Tracking)

The CJC Program was created by statute HRS 588 approximately 20 years ago. This program was "founded" by a Hawaii Family Court Judge who heard about the Children's Advocacy Center (CAC) model in Huntsville, Alabama. Part of the responsibility of the CJC Program is to track cases of child sexual abuse from intake through disposition (civil/criminal) cases.

#### Gaps in the System:

There were three (3) key issues that were documented/identified by most of the focus groups.

(This is a brief summary. Refer to Attachment #2 for The Child Sexual Abuse System's Response Matrix Statewide Strengths/Gaps and Recommendations)

#### 1. Department of Human Services/Child Welfare Services (DHS/CWS) Intake System/Differential Response

As mentioned on page 1, under Introduction/History, this revised centralized intake system resulted in intakes on allegations of child abuse being handled differently. One of the major changes is that CWS does not accept cases for investigation if the alleged perpetrator is a minor. The exception is if the parents/legal caretakers are not protective of the child victims. In those cases, a case may be opened for neglect. There is no formalized system in place to investigate, assess, treat and case manage these cases. Note: Catholic Charities has a Safe and Sound program (SAS) on Oahu and limited services on the Big Island to provide therapy and case management for sexually reactive youth (ages 12 years and under) and for some cases involving older youth. The funding for this program will end on June 30, 2009.

## 2. Specialization of Agencies Staff

(Specialized positions/units to respond to child sexual abuse cases)

Staffing at the various agencies (e.g. law enforcement, CWS, Prosecutors) varies across the state. For example, Oahu's CWS has a special services unit that investigates allegations of child sexual abuse. Other agencies have had specialized units but have had to become more generic.

## 3. Timelines of Cases Moving in the Systems:

Concern over the time it takes from investigation through disposition in the civil and criminal systems. The primary area involves cases in the criminal court process. There are issues regarding child victim's readiness to testify in court and delays in the proceedings.

### Summary and Recommendations

The intent of this project was to review and document Hawaii's current response to cases of child sexual abuse. The ten (10) Focus Groups that were convened included a good representation of the key agencies that handle these cases from investigation through disposition in the civil and criminal systems. There was a strong attempt to be inclusive and consistent in the representation. Those agencies that were unable to send a representative to the Focus Groups were provided an opportunity to submit written feedback. Recognizing that more Focus Groups may have yielded additional information/input, funding and time constraints led to the decision to start with the ten (10) Groups. On Oahu, it was acknowledged that the Military has a significant presence with its five (5) branches of service (Army, Navy, Marines, Air Force and Coast Guard). They interface with the "civilian" community and have adequate relationships. More can be done to collaborate on child abuse cases.

Five (5) of the Focus Groups' participants were line staff. The other five (5) were supervisors/managers. They were replicated in each county (two on the Big Island) in Hawaii. There were a number of strengths that were identified. One of the accomplishments of the Focus Groups was to create the Roles and Responsibilities Charts for each county (Two on the Big Island). This document helped to clarify, reaffirm and in some situations, educate professionals. Commitment by professionals, collaboration and training opportunities are critical to a system's ability to function and respond to child sexual abuse cases. The gaps in systems, DHS/CWS Intake (especially cases involving a minor "perpetrator" or sexually acting out, reactive youth; specialization of agency staff and the timeliness of cases moving through the system, especially the Criminal System were identified. One of the issues is that there is no accurate documentation of the number of cases of child sexual abuse in this state. Although the CJC's track cases, they are not receiving all of the intakes/reports.

Recommendations / Action Plan (1-3 years)

- Continue to provide training that addresses the issues raised in this report
- Share this report with Agency Administrators
- Request DHS/CWS to document and send all intakes regarding sexual harm or threat of sexual harm to a child (regardless of who the alleged perpetrator may be) to the CJC in the geographical area the child resides in.
- Create a system to track cases involving minors as perpetrators or sexually reactive youth (child on child cases).
- Request DHS/CWS to review HRS 587 (Hawaii Child Abuse Statute) and its interpretation that cases involving child perpetrators or sexually reactive youth do not fall under its purview for investigation.
- Review how other states are responding to cases involving minor perpetrators or sexually reactive youth
- Ask one of the counties in Hawaii to work on the timeliness of response to criminal cases. Review the current system with its multidisciplinary team and identify areas where changes can be made to expedite the process (i.e. victim's readiness to go to court).

## **ATTACHMENT 1**

### **Reports from Area Focus Groups**

**East Hawai'i  
Child Sexual Abuse Response System:  
Partners' Roles and Responsibilities**

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Case Management</b>	<b>Victim Services</b>	<b>Legal (Civil &amp; Criminal)</b>
Attorney General		Be available for consultation with CWS investigators		Consult with CWS investigators and case managers.		Handle all Civil Court activity involving child protection issues.
Children's Justice Center	Consultation with reporters; make referrals to police and CWS	Coordinates system response. Provide interview center with means to make child friendly, forensically sound, audio & video recordings of the interviews. Track all reports of CSA and do follow-up with investigators re case movement. Train investigators and other responders.	Supports a child-focused, high quality medical response.	Track all reports as they progress through system, until closed by DHS, HPD and Pros.	Help coordinate response. Make referrals to services Friends of the CJC provide funding for special needs requests not provided by other agencies	Help coordinate response and communication. Convene case conferences and civil/criminal coordination meetings. Provide training focusing on child-focused responses.
YWCA Empowering Alternatives Program	Make referral/reports. Provide information to reporters. Provide crisis hotline/stabilization.	Be present at CJJC when interviews occur to support victim/family members. Provide information. Get consent forms signed. Make referrals for services. (DOES not do investigations)	Be present at SAFE to support victim and/or family. Get consent forms signed. Provide information/referrals. Provide change of clothing if taken for evidence.	Participate in CJJC case tracking, case conferences, civil/criminal meetings if requested and can provide information relevant to the case.	Provide mental health treatment for victims and their families on extra-familial cases. Provide support and assistance to victims and their families	Provide information about the Victim Assistance Unit and CVCC.
DHS-CWS	Receive reports of CSA received from hotline and determine what to do. If report is accepted, fax intake report to Hawaii Police Dept, OPA, and CJJC.	Investigate all assigned reports. Fax report to CJJC. Make contact within 24 hours. Team with HPD detectives on all investigations. Do forensic interviews and conduct safety assessments. Provide info to CJJC for case tracking purposes.	Assure medical needs are met for all open CWS cases. Do all mental, psychological & dental care for foster kids.	Provide all case management services needed for open CWS cases.	Assure all needed services are provided for all open CWS cases	Work with AG and Family Court as needed and appropriate for all open CWS cases.
				Participate in CJJC case tracking, case conferences, civil/criminal meetings.		Works with civil and criminal (Grand Jury) court systems as needed.

		Conduct investigative conferences up front when case is unfolding to coordinate with OPA and HPD- also strategize at these meetings to determine if additional information is needed.	parents or children not under their jurisdiction.		Works with family court to access cases Provide support to victims at court
DOE	Make reports/referrals	Cooperate with investigators	For ongoing cases for children who are in foster care- make sure kids don't have medical problems.  Have psychiatrists who prescribe meds.	Integral part of services, participate in CJC case conferences, civil/criminal meetings	Participate with CJC civil/criminal meetings  RE: DHS civil cases DOH-CAMHD-FGC is an integral team member with DHS, DOE etc.
DOH-CAMHD-FGC	Make referrals, complies with mandatory reporting by phone/fax	Cooperate with investigators		Family Guidance Center, Child & Adolescent Mental Health Division, State of Hawaii, Department of Health, serves youth ages 3 to 21 who have intensive mental health needs. This includes youth who may be victims and/or offenders. Services include: Outpatient (Individual Therapy, Group Therapy, Family Therapy, Medication Management, Psychiatric Consultation, Psychological and Psychiatric Assessment), Out-of Home (Hospital Based Residential, Community Based Residential, Therapeutic Group Home, Therapeutic Foster Home), and In-Home (Intensive In Home and Multisystemic Therapy). Referrals come through two tracks: DOE with IDEA determination or through MedQuest and SEBD eligibility.	

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Family Court	Make reports		Coordinate with involved parties if juvenile offender involved. Find appropriate placements. May provide Volunteer GAL for expedited sentencing (intrafamilial/CWS) cases	Arrange treatment for juveniles who are under their supervision	Prepare reports for court on juveniles who are suspected of doing inappropriate behaviors.
Hawaii Police Dept.	Receive reports (directly and indirectly) of CSA and assign for criminal investigation. Make reports/referrals to CWS	Investigate all reports of CSA. If CWS involved, conduct team investigations. Collect evidence, including medical. Perform child focused, evidence based interviews. Interrogate suspects. Provide info to CJC for case tracking purposes.	Schedule and pay for a forensic medical exam when there might be evidence to collect. Collect and properly handle all evidence collected.	Provide limited support for victims and families as needed (during the interim between a case is reported and the case gets referred to OPA). Refer to services.	Send completed investigations to Prosecutor's Office. Be available to investigate further if Prosecutor's Office determines more is needed. Testify if needed.
Medical (SANE) (part of HPD)	No direct intake	Conducts suspect forensic exams and collection of DNA requests.	Perform evidence-based forensic medical (SANE) exams when HPD requests. Conduct SANE exams when CWS requests. -Make referrals for medical treatment as needed.	Participate in CJC case tracking meetings, case conferences, civil/criminal meetings -Consult with CWS staff	Provide medical treatment as needed. Make referrals as needed. Testify as needed.
Prosecutor (OPA)		Provide legal guidance to assist with investigation. Requests early conferral for expedited sentencing		Participate in all CJC case tracking, case conferences and civil criminal meetings. Expedited sentencing Requests. GAL for expedited sentencing	Review all investigated cases sent to office. Determine course of action. Do all related court action as appropriate, including presenting case to Grand Jury, considering charging and plea options, conduct jury trials, handle sentencing and appeals. Assist criminal victims with cv and case status

			Assist victims with CVCC application.  Funding for emergency services for victims.	obtaining restraining orders.  Appear at parole hearings with or w/o victims  Assist criminal victims with providing input for sentencing and probation hearings.
Victim/Witness Assistance Prog.	Make referrals if the case comes in and we find out something else, counselors will call the CWS centralized intake	Encourage criminal victims to make reports to HPD/CWS.	Participate in CJC case tracking and civil/criminal meetings.  Provide informal case management services when CWS isn't involved, to identify team players and services a victim may need.  Provide funding for emergency services	Inform criminal victims of defendants parole status-  Support victims through court process. Assist criminal victims in obtaining TRO's.  Assist CV's in providing input for sentencing and parole hearings.  Provide notification to CV's of parole hearings and defendant's release
Child and Family Service -Sexual Abuse Treatment Services (SATS)	Call in reports to hotline and notify CWS case manager as to situation status.  Get referrals of confirmed cases.	Answer questions posed by investigators if they have the consent release.  No investigating is conducted.	Provide medical referrals  Coordinate services with other team players.  Participate in CJC case tracking, case conferences, civil/criminal meetings, ohana conferencing, and CPS team meetings.	Attend civil/criminal mtgs.  Testify in court  children who are living in the home; offenders referred by DHS-CWS RE: Intrafamilial Sex Assault cases- Provide services to juvenile and

		adult offenders (until the case has been adjudicated) if they admit they have a problem-.  Provide therapy for adults molested as children.  Non adjudicated sex offenders  Provide sex abuse education to parents for prevention purposes	Provide support and refer for services.	Can be called as witnesses to testify at court.  Refer immigrant victims to Na Lio
Child and Family Service - Family Strengthening Services (FSS), part of CWS differential response (lowest risk)	As part of Differential Response, CWS refers families assessed by CWS as "low risk" for child abuse and neglect. CFS-FSS links them to services, parenting ed., assessments, etc.	CSA cases may be referred to CFS-FSS when: "child on child" cases; sex abuse is disclosed in cases active for other issues.  No official investigation, however they may obtain some information	Provide case management services for 6 months. Includes linking to services available in the community	
Family Programs of Hawaii Voluntary Case Adult Probation (NOTE: Involved @ the end of the spectrum.)	As part of Differential Response, CWS refers families assessed by CWS Referral from the court for presentence investigation	CSA cases may be referred to FPH-VCM when: "child on child" or extrafamilial cases. Presentence investigation for a sentencing report. Evaluation of the defendant for probation or prison, conditions of supervision if placed in community supervision	Provide case management for up to 1 year. If sentenced to probation, case management supervision and enforcement of conditions. Sex offender assessment and treatment compliance	Enforcement of no contact victim orders. Victim notification if requested. Restitution if ordered.
Public Health Nursing/DOH				

**West Hawaii Child Sexual Abuse Response System:**  
**Partners' Roles and Responsibilities**

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Case Management</b>	<b>Victim Services</b>	<b>Legal (Civil &amp; Criminal)</b>
Attorney General		Consultation with CWS investigators; including gathering information, especially from other collateral legal proceedings, e.g., TRO hearing, bail hearings, police reports, etc. Assists in preserving evidence and witness testimony. Attend other hearings such as FCDA hearings.	Facilitate periodic review hearings in Family Court. Consult with CWS investigators and case managers, participate in CWS multidisciplinary team meetings; participate in CJC case conferences and civil/criminal meetings.	Check with victim providers re: protection issues. Statewide Office provides some funding for victims and funding for trainings.	Handle all Family Court cases involving child protection issues.	
Children's Justice Center	Consultation with reporters; make referrals to police and CWS; Charged with tracking cases from intake through prosecution and with coordinating all agencies that respond to child sex abuse cases, e.g., monthly interagency meetings; field questions from community callers re: resources, process, etc.	Coordinates system response. Provide interview center with means to make child friendly, forensically sound, audio & video recordings of the interviews. Track all reports of CSA and do follow-up with investigators re case movement. Train investigators and other responders. Contract with consultant forensic interviewers.	Supports a child-focused, high quality medical response.	Track all reports as they progress through system, until closed by DHS, HPD and Pros. Coordinate agencies responding to CSA (facilitation); Provide VGAL in expedited sentencing cases.	Help coordinate response. Provide information and referrals to services. Friends of the CJC provide funding for child victim's special needs requests not provided by other agencies. Contract with consultant forensic interviewers.	Help coordinate response and communication. Convene case conferences and civil/criminal coordination meetings. Provide training focusing on child-focused responses.
Hawaii Police Dept.	Receive reports (directly and indirectly) of CSA and assign for criminal investigation. Make reports/referrals to CWS.	Investigate all reports of CSA. If CWS involved, conduct team investigations. Collect evidence, including medical. Perform child focused, evidence based interviews. Interrogate suspects. Provide info to CJC for case tracking purposes. Call EAp to respond.	Schedule forensic medical exam when there might be evidence to collect. Collect and properly handle all evidence collected.	Provide notice of expedited sentencing. Participate in CJC civil/criminal meetings and case conferences. Collaborate with other agencies involved in the case.	Provide limited crisis referral information to victims and families as needed. Call/refer to EAp for response and support for victim.	Send completed investigations to Prosecutor's Office. Be available to investigate further if Prosecutor's Office determines more is needed. Testify if needed.

YWCA Empowering Alternatives Program	Make referral/reports. Provide information to reporters. Provide crisis hotline/stabilization.	Be present at CJC when interviews occur to support victim/family members. Provide information. Get consent forms signed. Make referrals for services. (Does NOT do investigations).	Be present at SAFE to support victim and/or family. Get consent forms signed. Provide information/referrals. Provide change of clothing if taken for evidence.	Participate in CJC case tracking, case conferences, civil/criminal meetings if requested and can provide information relevant to the case with consent.	Provide mental health treatment for victims and their families on extra-familial cases. May assist with intra-familial cases when possible. Provide support and assistance to victims and their families.	Provide information about the Victim Assistance Unit and CVCC. With client consent provide info to OPA if requested.
DHS-CWS	Receive reports of CSA cases accepted for investigation from Centralized Intake. CWS-WH will assign investigator and fax intake report to CJC-WH. Centralized intake faxes intake report to Hawaii Police Dept.	Investigate all CSA accepted for investigation. Fax report to CJC. Make contact within 2 business days. Team with HPD detectives on all investigations. Do forensic interviews and conduct safety assessments. Provide info to CJC for case tracking purposes. Participate in meetings coordinated by CJC with HPD, OPA, and other agencies involved.	Assure medical needs are met for all open CWS cases. Do all mental, psychological & dental care for foster kids.	Provide all case management services needed for open CVS cases.	Assure all needed services are provided for all open CWS cases.	Petition family court to protect children and provide appropriate services. Work with AG and Family Court as needed and appropriate for all open CWS cases.
DOE	As mandated reporters, make reports/referrals.	Cooperate with investigators.	Make appropriate referrals. Bound by confidentiality laws.	Provide information to CWS and GAL as requested.	If subpoenaed will participate.	
DOH-CAMHD-FGC	Make referrals, complies with mandatory reporting by phone/fax.	Cooperate with investigators as allowable under HIPAA.	For ongoing cases for children who are in foster care- make sure kids	Integral part of services, participate in CJC case conferences,	Participate in CJ/C civil/criminal meetings	Family Guidance Center, Child & Adolescent Mental Health Division, State of

			Hawaii, Department of Health, serves eligible youth ages 3 to 21 who have intensive mental health needs. This includes youth who may be victims and/or offenders. Services include: Outpatient (Individual Therapy, Group Therapy, Family Therapy, Medication Management, Psychiatric Consultation, Psychological and Psychiatric Assessment), Out-of Home (Hospital Based Residential, Community Based Residential, Therapeutic Group Home, Therapeutic Foster Home), and In-Home (Intensive In Home and Multisystemic Therapy). Referrals come through two tracks: DOE with IDEA determination or through MedQuest and SEBD eligibility.	RE: DHS civil cases DOH-CAMHD-FGC is an integral team member with DHS, DOE etc.
Family Court	Reports suspected abuse to DHS/CWYS	None	Family Court hearings are held throughout the life of the court case to ensure that child sex abuse victims are protected and that juvenile sex offenders are held accountable and receive appropriate treatment. In civil cases, the Court appoints a guardian ad litem to represent the best	Family Court handles case of intra-familial child sexual abuse. In that capacity, decisions are made regarding the removal of children from their family home, both on a short term basis and also on a more permanent basis if warranted by the circumstances of the case. Family Court also handles

		interest of the child victim. Court also appoints an attorney to represent a parent, if they qualify. In juvenile criminal cases, the Court appoints an attorney to represent the juvenile. Appoints Volunteer GAL for CWS permanency cases.	case involving juveniles who are alleged to have committed sexual offenses, including determinations relating to whether the law was violated, and if so, what is the appropriate punishment and rehabilitation.
Medical (SANE) (part of HPD)	No direct intake.	Conducts suspect forensic exams and collection of DNA.	Provide medical treatment as needed. Make referrals as needed.
Prosecutor (OPA)	As mandated reporters, may make reports to Centralized Intake.	Provide legal guidance to assist with investigation. Requests early conferral for expedited sentencing.	Testify as needed.
			Review all investigated cases sent to office. Determine course of action. Do all related court action as appropriate, including presenting case to Grand Jury, considering charging and plea options, conduct jury trials, handle sentencing and appeals. Obtain information for restitution. Appear at parole hearings with or w/o victims.

Victim/Witness Assistance Program	Mandated reporters.	Encourage adult victims to make reports to HPD/CWS.	<p>Participate in CJC case tracking, case conferences, and civil/criminal meetings. Works closely with Deputy Prosecutors. Provide informal case management services when CWS isn't involved, to identify team players and make referrals for services a victim may need.</p> <p>Coordinated with treatment providers in assessing child readiness for court.</p> <p>Provide funding for emergency services.</p> <p>Referrals to WV come from police, self-referral, relatives, and other agencies.</p>	<p>Provide short Term counseling. Prepare CV for trial, preliminary hearings &amp; minimum sentence hearings.</p> <p>Explain court process &amp; keep CV informed of criminal case status.</p> <p>Provide transportation to court and/or interviews, as needed.</p> <p>Assist and support victims and families as needed.</p> <p>Help apply to Crime Victim's Compensation Commission. Refer to services. Provide courtroom orientation for victim as needed.</p> <p>Coordinate with treatment providers (this also fits under CM).</p> <p>Some emergency funding.</p> <p>Obtain restitution information.</p>
Child and Family Service –Sexual Abuse Treatment Services (SATS)		Get referrals of confirmed cases from CWS.	No investigating is conducted.	<p>Coordinate services with other team players.</p> <p>Participate in CJC case tracking, case conferences,</p> <p>Provide mental health treatment to child sex abuse victims; non-offending parents; siblings and other children who are living in the home. Provide</p>
				<p>Attend civil/criminal mtgs.</p> <p>Testify in court if requested.</p>

		civil/criminal meetings, Ohana conferencing, and CPS team meetings.	services to non-adjudicated juvenile and adult offenders in intrafamilial cases if they admit they have a within six sessions per contract.	
		Provide quarterly reports to CWS and GALS.	Provide therapy for adults molested as children.	Provide sex abuse education to parents for prevention purposes.
Neighborhood Place of Kona-Family Strengthening Services (FSS), part of CWS differential response (lowest risk).	As part of Differential Response, Centralized Intake refers families assessed by CWI as "low risk" for child abuse and neglect. NPK-FSS links them to services, pa renting ed., assessments, etc.	CSA cases may be referred to NPK-FSS when: "child on child" cases; sex abuse is disclosed in cases active for other issues. No official investigation, however they may obtain additional information.	Provide case coordination services for 6 months. Includes linking to services available in the community	Provide support and refer for services.
	CWS-WH refers families deemed appropriate for services.	Participate in CJC case tracking meetings, case conferences, and civil/criminal meetings when involved.	Refer back to CWS if new information is gained during assessment that indicates higher risk level.	May participate upon request.

Personal Parenting & Assessment- Volunteer Case Management (VCM) part of CWS differential response (moderate level)	As part of Differential Response, Centralized Intake refers families assessed by CWI as "moderate risk" for child abuse and neglect.	CSA cases may be referred to PPAS-VCM when: "child on child" or extrafamilial cases; sex abuse is disclosed in cases active for other issues. No official investigation, however they may obtain additional information	Referral to medical-related providers as appropriate.	Provide case management for up to 1 year. Based on the family's needs, their case can be referred to either CWS or FSS.	Referral to other agencies for services as appropriate.	May participate as appropriate.
Adult Probation ( NOTE: Involved at the end of the spectrum.)	Referral from the court for presentence investigation.	Presentence investigation for a sentencing report. Evaluation of the defendant for probation or prison, conditions of supervision if placed in community supervision.	None.	If sentenced to probation, case management supervision and enforcement of conditions. Sex offender assessment and treatment compliance.	Enforcement of no contact victim orders. Victim notification if requested. Restitution if ordered.	Testify at revocation and compliance hearings as needed. Refer out for sex offender assessments and treatment. Participate in CJC case conferences, civil/criminal meetings if involved. Monitor compliance in treatment.

**Kauai**  
**Child Sexual Abuse Response**  
**Partners' Roles and Responsibilities**

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Victim Services</b>	<b>Legal (Civil &amp; Criminal)</b>	<b>Case Management</b>
<b>Child Welfare Services</b>	Receive reports of CSA and make determination to accept or not. Fax reports to KPD.	Investigative all assigned reports with response within 2 working days. Team with KPD detectives on all investigations.	Assure all medical needs are met for those CWS cases in foster care, assess and refer for all those who are not in care. If open short term no medical needs addressed. Possible SANE referral.	Assure all needed services are provided for all open CWS cases.	Work with AG and Family Court as needed and appropriate for all open CWS cases.	Provide all case management services needed for open CWS cases.
<b>Law Enforcement KPD</b>	Receive reports of CSA and assign for investigation.	Investigate all reports of CSA. If CWS involved, conduct Team investigations. Collect evidence including medical. Perform child focused, evidence based interviews. Interrogate suspects. Provide info. To CJC for Case Tracking purposes.		Provide support for victims/families as needed. Refer to services.	Send completed investigations to Prosecutors. Investigate further if Prosecutor determines more is needed. Testify if needed.	Participate in case conference if requested and provide information relevant to case.
<b>YWCA Crisis Counselor, Sex Abuse Treatment Therapist</b>	Make referral/reports. Provide information to reporters.		Be present at CJC when interviews occur to help provide support. Make referrals for services.		Provide support and assistance to victims. Make referrals for victim's treatment services. Provide mental health treatment for victims, siblings at risk, offenders, non-offending parents.	Participate in case conference if requested and provide information relevant to case.

<b>SANE</b>	Perform evidence based forensic medical exams when requested by KPD/CWS.	Make referrals for medical treatment as needed.	Testify as needed.	Participate in case conference if requested and provide information relevant to case.
<b>Attorney General</b>	Available for consultation with CWS investigators.	Handle all Civil Court matters related to child protection issues.	Consult with CWS investigators and case managers.	Participate in case conference if requested and provide information relevant to case.
<b>Family Court</b>	Make reports.	Arrange treatment for juveniles under their supervision.	Prepare court reports on juveniles who are suspected of illegal/inappropriate behavior.	Coordinate with involved parties if juvenile offender is involved. Find appropriate placements.
<b>VGAL</b>	Make reports.	Cooperate with investigators.	Assist and support victim throughout entire court process and ensure that the victim's best interest is being considered.	Participate in case conference if requested and provide information relevant to the case.
<b>Prosecutor</b>	Remain available to KPD for consultation on legal issues during the investigation.	Make assessment of child's medical condition and any recommendations for attention. Report to court.	Prepare reports and recommendations to court regarding the best interests of the child/victim.	Review all investigated cases sent to office. Determine course of action. Do all related court action as appropriate, including presenting case to Grand Jury, considering charging and plea options etc.
<b>Victim Witness AP</b>			Assist and support victims and families as needed. Help apply to Crime Victims Compensation Commission.	Support victims through court process.
				Participate in case conference if requested and provide information relevant to case.

<b>DOE</b>	Make reports/referrals.	Cooperate with investigators.	In conjunction with DOH CAMHD through the Mokihana Program, provide services for youthful victims whose experiences impact their educational status.	Participate in case conference if requested and provide information relevant to the case.
<b>DOH/CAMHD</b>	Make reports and referrals. Provide system information and support to reporters, eg. school staff, family members.	Cooperate with investigators.	Provide treatment services for youthful victims, youthful offenders, and their families who are diagnosed with severe emotional behavioral disorders.  In addition, in conjunction with DOE through the Mokihana Program, provide services for youthful victims whose experiences impact their educational status.	Participate in case conference if requested and provide information relevant to the case.
<b>CJC</b>	Consults with reporters and makes referrals.	Provides child friendly facility for forensic interviewing of child victims of abuse and witnesses to violent crimes. Provides case coordination services and case tracking for dual agency and out of family cases of child sexual and serious physical abuse including case conferences. Also provides initial and ongoing training in forensic interviewing and provides expert consultants for interviews	Provides case coordination, conferencing and training for all partner agencies including SANE nurses.	Provides case coordination and case tracking for all dual agency cases. Also provides ongoing trainings from basic to advanced level regarding child focused response.
				Provides case coordination and case tracking services until case is closed by DHS, KPD and Pros. Arrange and participate in case conference if requested, provide relevant information.



**Maui**  
**Child Sexual Abuse Response System:**  
**Partners' Roles and Responsibilities**

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Case Management</b> Defined on Maui as analysis assessment and coordination of service needs, connecting client to services and monitoring and record keeping of compliance	<b>Victim Services</b> Defined on Maui as a direct services provided to the victim, family or foster family	<b>Legal (Civil &amp; Criminal)</b>
Attorney General	Mandated Reporter HRS 350	Consult with CWS investigators & provide legal advice. Assist in establishing Fam. Ct. jurisdiction in CWS cases.				Consult with CWS investigators & case managers. Provide legal advice & represent CWS in Fam. Ct. proceedings Represent CWS & other state agencies in Civil proceedings in the Fam. Ct., including but not limited to CWS cases.
Child & Family Service	Mandated Reporter HRS 350	Be present at CJC when interviews occur to help provide a comfortable setting. Make referrals for services. Provide information on reporting in response to inquiries.	Provide support to family at hospital during and immediately prior to medical exam.  <i>Note: Molokai and Lanai CFS employees assist with medical exam but not as part of CFS employment. They are contracted by Dr. Kepler</i>	Contracted by CWS to provide case management services for families who volunteer to receive services rather than be court mandated. This the Volunteer Case Management program (VCM)	Provide mental health treatment for victims, non-offending parents of victims, siblings of victims, and adults molested as children. Provide support and assistance to victims. Provide crisis counseling via Crisis Line	Provide information to the court or testify.
DHS-CWS	Receive reports of CSA and refer reporter to CWS Central Intake	Investigate all reports assigned for investigation by Central Intake. Make contact within 24 hour. Team with MPD detectives on all investigations.	Assure medical needs are met for children in foster care on open CWS cases.	Provide all case management services needed for open CWS cases.	Monitor VCM contract	Work with AG and Family Court as needed and appropriate for all open CWS cases.

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Case Management</b> Defined on Maui as analysis assessment and coordination of service needs, connecting client to services and monitoring and record keeping of compliance	<b>Victim Services</b> Defined on Maui as a direct services provided to the victim, family or foster family	<b>Legal (Civil &amp; Criminal)</b>
DOE	Mandated Reporter HRS 350	Cooperate with investigators		Enter action plan into eCSSS (electronic Comprehensive Student Support System), the centralized information system that tracks all students who receive support and their confidential records.	<i>Note DOE preferred this to be categorized as Victim Service item but consensus of group was that it is more appropriately listed as a Case Management Service under Maui's definition</i>	Maui Family Guidance Center, Child & Adolescent Mental Health Division, State of Hawaii, Department of Health, serves youth ages 3 to 21 who have intensive mental health needs. This includes youth who may be victims and/or offenders. Services include: Outpatient (Individual Therapy, Group Therapy, Family Therapy,
DOH-CAMHD-FGC	Mandated Reporter HRS 350					

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Case Management</b> Defined on Maui as analysis assessment and coordination of service needs, connecting client to services and monitoring and record keeping of compliance	<b>Victim Services</b> Defined on Maui as a direct services provided to the victim, family or foster family	<b>Legal (Civil &amp; Criminal)</b>
DOH-Children w/ Special Health Needs Program	Mandated Reporter HRS 350	Share information with investigators, but would not directly investigate cases.	(See Victim Services)	Referral and linkage to community support organizations.	Provide for medical specialty services (cardiac clinic, nutrition clinic, neurology clinic, genetics clinic, etc.) to children with special health care needs ages zero to 21 years old.	Provide information to the court or testify.
DOH-Early Intervention Program	Mandated Reporter HRS 350	Share information with investigators, but would not directly investigate cases	(See Victim Services)	Referral and linkage to community support organizations	Provide therapeutic and care coordination services to children ages zero to three years old with developmental delays.	Provide information to the court or testify.
DOH-Maternal Child Health	Mandated Reporter HRS 350	No investigation of cases. Will share information with	Will No direct medical services provided.	Referral and linkage to community support	WIC may provide nutritional management for proceedings if subpoena	Testify in court

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Case Management</b> Defined on Maui as analysis assessment and coordination of service needs, connecting client to services and monitoring and record keeping of compliance	<b>Victim Services</b> Defined on Maui as a direct services provided to the victim, family or foster family	<b>Legal (Civil &amp; Criminal)</b>
	investigators as requested.	General medical care is contracted through a network of non-profit and private providers.	organizations	the child if he/she is under the age of 5.  MCH services are not specific to child sexual abuse. If we are advised of a case, we would assist the family in obtaining appropriate services. This could be through DOH contracts or through referral to other agencies or providers.	the child if he/she is under the age of 5.  MCH services are not specific to child sexual abuse. If we are advised of a case, we would assist the family in obtaining appropriate services. This could be through DOH contracts or through referral to other agencies or providers.	Received.
DOH-Public Health Nursing	Mandated Reporter HRS 350	We do not investigate, but will share information with investigators		Coordinate health and nursing services to child and family  When providing services also assess for additional health need services	Provide health and nursing services to child and family	Involvement could be by subpoena to testify in court
Judiciary - Adult Client Services (prob.)	Mandated Reporter HRS 350			Sometimes requested to be part of the CWS Service Plan.	In some situations, help get victim impact statements	Supervise offenders when they are placed on Prob.
Judiciary - Children's Justice Center	Mandated Reporter HRS 350			Help coordinate a child-focused, high quality medical response.	Track all reports as they progress through system, until closed by	Conduct PSIs. Make recommendations to court re sentencing. Supervise convicted offenders and report to the court.  Help coordinate response and communication. Provide

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Case Management</b> Defined on Maui as analysis assessment and coordination of service needs, connecting client to services and monitoring and record keeping of compliance	<b>Victim Services</b> Defined on Maui as a direct services provided to the victim, family or foster family	<b>Legal (Civil &amp; Criminal)</b>
				DHS, MPD and Pros.  Conduct monthly case tracking meetings for involving participating agencies  Conduct specific case conference on as-needed basis for participating agencies		training focusing on child-focused responses.
	Provide information on reporting in response to inquiries.	center with means to make child friendly, forensically sound, audio & video recordings of the interviews. Track all reports of CSA and do follow-up with investigators re case movement.				
Judiciary - Juvenile Client & Family Services Branch (Susan)			N/A		The Juvenile Client Services Branch does not offer services to the victims.	N/A
When the minor is the victim:		Mandated Reporter HRS 350				
			N/A	We have no case management when the minor is the victim.		
					The minor is supervised by a court officer who then refers the minor out to treatment, and monitors compliance with any other court ordered condition.	N/A
FCJC	Provide information on reporting in response to inquiries	Provide airfare for caregivers to accompany victims to Maui from Lanai and Molokai for		Help pay for medical expenses if needed. Help fund training,	Fund services that will help the victim.	

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Case Management</b> Defined on Maui as analysis assessment and coordination of service needs, connecting client to services and monitoring and record keeping of compliance	<b>Victim Services</b> Defined on Maui as direct services provided to the victim, family or foster family	<b>Legal (Civil &amp; Criminal)</b>
GALs	Mandated Reporter HRS 350	Interviews. Help fund training.	Supplies and equipment.		Advocate for child's needs in court, to agencies, and to service providers.	Represent the child's best interest to the Family Court. Work with Criminal Court as needed.
Maui AHEC	Mandated Reporter HRS 350 Provide information on reporting in response to inquiries	Sometimes help make arrangements for children and caregiver to go to Maui for interview	Prepared to assist in forensic medical exams on Molokai	Referral and linkage to community support and service organizations	Provide grocery money, transportation and Kapuna services	Provide crisis counseling.
Maui County Police Department	Receive reports of CSA and assign for investigation. If report from CWS assigned to detectives. If from other than CWS assigned to patrol	Investigate all reports of CSA. If CWS involved, conduct team investigations.  Collect evidence, including medical.  Perform child focused, evidence based interviews.  Interrogate suspects.  Provide info to CJC for case tracking purposes.	Pay for a forensic medical exam when there might be evidence to collect.  Collect and properly handle all evidence collected.	Participate in monthly case tracking meetings and as-needed case conferences  Refer to services	Investigator provides support for victims and families as needed during period of investigation.  Facilitates easy contact with investigator by victim	Send completed investigations to Prosecutor's Office. Be available to investigate further if Prosecutor's Office determines more is needed. Testify if needed.
Medical	Mandated Reporter HRS 350	Set up & pay for medical exam	Perform evidence-based forensic medical exams when MPD requests  Provided Medical crisis services if needed	Makes referrals for needed medical services  Make referrals as needed	Provide medical treatment at time of exam and follow-up treatment as needed.	Testify as needed.

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Case Management</b> Defined on Maui as analysis assessment and coordination of service needs, connecting client to services and monitoring and record keeping of compliance	<b>Victim Services</b> Defined on Maui as a direct services provided to the victim, family or foster family	<b>Legal (Civil &amp; Criminal)</b>
Prosecutor	Mandated Reporter HRS 350	Consult with MPD Review search warrants		Participate in monthly case tracking meetings and as-needed case conferences		Review all investigated cases sent to office. Determine course of action. Do all related court action as appropriate, including presenting case to Grand Jury, considering charging and plea options, etc.
Queen Liliuokalani Children's Center	Mandated Reporter HRS 350			Referral and linkage to community support and service organizations Integrate services it provides with CWS case plan	Supportive family counseling and education for Hawaiian children and families as needed. Advocate for child and family needs	Make referrals as needed.
Victim Witness Assistance Prog.	Mandated Reporter HRS 350	Assign counselor to victim		Participate in monthly case tracking meetings and as-needed case conferences Refer to services.	Provide individual counseling and support to victims and families as needed, indefinitely Help apply to Crime Victim's Compensation Commission.	Support victims through court process. Prep victims for court if appropriate. Provide funds for emergency needs

**Oahu**  
**Child Sexual Abuse Response**  
**Partners' Roles and Responsibilities**

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Victim Services</b>	<b>Legal (Civil &amp; Criminal)</b>	<b>Case Management</b>
<b>Child Welfare Services (Department of Human Services)</b>  <b>Kayle Perez</b>	Receive reports of CSA and determine what to do. If accepted, the intake is cross reported to HPD.	Investigate all assigned reports. Make contact within 2 working days. Team with Law Enforcement detectives on all investigations.	Assure medical needs are met for all open CWS cases.	Assure all needed services for all open CWS cases. Individual therapy, group therapy, family services.	Work with AG and Family Court as needed and appropriate for all open CWS cases. Work with the Prosecutor's office in Circuit/District Court when applicable.	Provide all case management services needed for open CWS cases.

## Oahu

### Child Sexual Abuse Response Partners' Roles and Responsibilities

		Intake	Investigation	Medical	Victim Services	Legal (Civil & Criminal)	Case Management
<b>Law Enforcement (HPD)</b>	Police Report received via patrol CWS intake cross reported but not assigned for investigation CWS special services assessment cases assigned.	Sex assault cases are routed CID Sex Crimes Detail	Conduct Investigation	Refer clients to SATC for acute medical exams (less than 72 hours).	Refer clients directly to SATC for counseling services.	Conferral: submit criminal case for prosecutor to review.	
<b>Detective Dwight Sato</b>	Military cross Reported Cases			Refer clients to SATC for non-acute medical exams.		If accepted by prosecutor..... Grand jury hearing Preliminary hearing	
<b>Juvenile Sex Offender (JSO) Family Court</b>	Referral from HPD/DPA Schedule for Court	Social Investigation	Adjudicate: Placed on Probation for supervision of the minor in the community or in locked facilities.	Clinical assessment and/or psychosexual assessment is completed to determine if the minor is appropriate for out-patient care or in need of residential treatment		Testify in court	Monitor the minor in during the treatment program.
<b>Kurt Fukuda</b>							
<b>Sex Abuse Treatment Center</b>	Calls come through 24-hour hotline			Acute forensic exams	Crisis counseling	Support through criminal justice system	Case Management as needed.
				Therapy Services			

**Oahu**  
**Child Sexual Abuse Response**  
**Partners' Roles and Responsibilities**

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Victim Services</b>	<b>Legal (Civil &amp; Criminal)</b>	<b>Case Management</b>
<b>(SATC) Cindy Shimoni-Saito</b>	Assessed for needed service and assigned worker		Non-acute pediatric evaluations		Physicians, psychologists, crisis counselors provide court testimony as needed	
<b>Medical</b>			Perform evidence-based forensic medical exams when requested	Provide medical treatment.  Make referrals as needed.	Testify as needed	
<b>Children's Alliance of Hawaii Alfred Herrera</b>	Provides comfort to the families and victim/ witnesses who must visit the CJC	Provides funding and support for investigative team meetings.	Provides funding and support for professional training.	Provides funding and support for emergency provisions (Foster Care Packages to victims and siblings that enter CWS	"Enhancement" services to all sex abuse victims until the age 18 on Oahu.	Group Activity-based therapy for sexual abused victims as needed from ages 9 until age 19.  One-on-one therapy, transition into adulthood planning, and

**Oahu**  
**Child Sexual Abuse Response**  
**Partners' Roles and Responsibilities**

	Intake	Investigation	Medical	Victim Services	Legal (Civil & Criminal)	Case Management
<b>Family Court</b>  <b>Sandie Kato &amp; Christine Miwa-Mendoza</b>	GAL/VGALs are appointed by the court to be an independent fact finders and are the eyes and ears of the court. They may request to view the videotaped interview. Note: Gal/VGALs do not interview children about the allegations. They also have the ability to review medical records and other types of records related to the minor.			support networking activities for sexually abused victims, as needed, from ages 14 to 21.	The GALs/VGALs are critical to the case and are expected to be advocating in both the criminal/civil arenas for victim compensation, restitution, adequate treatment and other services for the child victim as well as the child/youth offender. The GALs/VGALs must ensure that the "best interest" of the child is being considered from every aspect of the case: DHS, parents, treatment	FC monitors case management via 6 month case reviews, etc.  The GALs/VGALs are involved in a 587 case during this phase. It is their responsibility to look out for the "best interest" of the child victim and also the sexually reactive/acting out child (alleged perpetrator). The court relies on the GAL/VGAL to ensure that the children/youth are not re-victimized by the very system that is set up to help

**Oahu**  
**Child Sexual Abuse Response**  
**Partners' Roles and Responsibilities**

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Victim Services</b>	<b>Legal (Civil &amp; Criminal)</b>	<b>Case Management</b>
<b>Department of Education</b> <b>Dennis Kajikawa</b>	All DOE staff, including volunteers, are considered mandated reporters.	The school staff member who suspects the abuse calls CWS and completes the CWS Form 1516 to include faxing the report to CWS. In the event that the school staff suspects the abuse is sexual in nature or the student is in imminent harm, the school shall contact county police for follow up.	providers, etc.	them, (un-trained interviewers, multiple interviews and interviews done outside of the CJCs.	Support the child through the department's Comprehensive Student Support System.	
<b>VGAL</b> <b>Kimberly Towler</b>	Petition is filed in Family Court.  Viewing of CJC	Contact medical providers  Request referral	Make sure the victim is receiving victim services, e.g., CSATP	Regular reporting to the court may be verbal or written and can	Works with DHS social worker.	Works with other

**Oahu**  
**Child Sexual Abuse Response**  
**Partners' Roles and Responsibilities**

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Victim Services</b>	<b>Legal (Civil &amp; Criminal)</b>	<b>Case Management</b>
	DVD and getting information from therapists  Child may discuss abuse if they want.  Keeping contact with parents.	for medical/develop mental assessments and treatment	Track related criminal cases with Prosecutors and Victim Witness Kokua Services	happen every 6 months or sooner.	service providers to make sure the child's needs are met.	
<b>Deputy Prosecuting Attorney</b>  <b>Thalia Murphy</b>	Conferral Prosecutor decides whether to prosecutor a case.  Prosecutor meets with detective.			Once suspect is charged prosecutor appears in criminal court for all subsequent court proceedings. Trial and post conviction proceedings. Child must testify at preliminary hearing in order to charge case. Cases take approximately one year to go to trial		

**Oahu**  
**Child Sexual Abuse Response**  
**Partners' Roles and Responsibilities**

	Intake	Investigation	Medical	Victim Services	Legal (Civil & Criminal)	Case Management
<b>Victim Witness Kokua Services (DPA)</b>  <b>Cyndi Keller</b>	Case is reviewed  Advocate works with DPA to keep victim and family informed.			<p>Advocate arranges and accompanies victim to interview with prosecutor, and accompanies victim to all court appearances.</p> <p>Advocating sensitivity to the needs of child.</p> <p>Preparing testimony and victim impact statements</p> <p>Restitution.</p>	<p>Advocates are the victims' first contact with the Prosecutor's Office if the child is in protective custody.</p> <p>Keep victim informed as to custody status of the perpetrator.</p>	<p>Post-sentencing advocates.</p> <p>Attend minimum term hearings with victim</p>

**Oahu  
Child Sexual Abuse Response  
Partners' Roles and Responsibilities**

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Victim Services</b>	<b>Legal (Civil &amp; Criminal)</b>	<b>Case Management</b>
<b>Child &amp; Family Services</b>  Tammie Visperas	HIPPA forms are completed.  Treatment Contract signed by client's parent(s).  Comprehensive Assessment is completed within 30 days Treatment Plan is developed.	In case of additional allegations/perpetrators – concerns are reported to the CWS hotline.	Any medical emergency will warrant a call to 911	Provide emotional support for victim during court appearances.  Individual counseling, teen support group, family services (provide social, physical, emotional support)  Referrals and Follow-Up to other agencies (health & esteem oriented) Clarification activities (conducted near the end of the treatment)	Help prepare child(ren) for testimony.  Court readiness.  Refer family to Ohana Conferencing if appropriate.  Provide support to family as needed	Work with the CWS social worker.  Collaborate with the team of child sexual abuse responders.  Participate in case conferences & civil/criminal coordination meeting.  Testify in court.
<b>Sex Offender Management Team (SOMT)</b>  Leanne Gillespie					Coordinated effort to develop a statewide sex offender treatment program. Develop and implement, through collaborative and	

**Oahu**  
**Child Sexual Abuse Response**  
**Partners' Roles and Responsibilities**

	Intake	Investigation	Medical	Victim Services	Legal (Civil & Criminal)	Case Management
				legislative support, best practice standards statewide for the evaluation, treatment, disposition, ongoing assessment and supervision of adult sex offenders and youth with sexualized misbehavior.		
<b>Attorney General</b>  <b>Mary Anne Magnier</b>	The DHS social worker contacts the AG to file a petition.  The case is assigned to a legal assistant who drafts the petition, has it reviewed by a deputy and returns it to the social worker for filing.	If child is taken into TFC petition needs to be filed within 3 working days & heard in court in 2 days.  If child remains in home or VFC then petition may be filed and a hearing held within 2 weeks.			The deputy's role is to review the social workers' reports, prepare the orders, represent the social workers at the hearings; if subpoena is issued by the Public Defender or private counsel in a related case- try to prevent disclosure of DHS records; and	Once jurisdiction is obtained, the case is heard at least every 6 months until the home can be determined to be safe without the need for a service plan, or the DHS determines that the child needs to have a permanent out of home placement.

**Oahu**  
**Child Sexual Abuse Response**  
**Partners' Roles and Responsibilities**

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Victim Services</b>	<b>Legal (Civil &amp; Criminal)</b>	<b>Case Management</b>
<b>Military</b> <b>Col. Muriel Mosley &amp; Jenny Cartwright</b>	FAP will contact CJC, CWS and Command. SW receives all intakes on allegations of sexual abuse.	Tripler is open 24 hours a day and is the primary location for non-acute exams. CID is the law enforcement investigative entity that handles all child sexual abuse; NCIS for Navy.	FAP has social workers, child psychiatrists, psychologists Individual/family therapy for child, parenting classes, Delete safe house only for domestic abuse, are Military Protective Orders,	Judge advocate program across all branches Acute forensic exams are done at SATC.	Prepare them for hearings or trials. They also attend the mediation settings.	FAP does case management, prevention, education and treatment for all branches; not usually long-term treatment of victims and no treatment for sex offenders Victim witness liaison program

**Oahu**  
**Child Sexual Abuse Response**  
**Partners' Roles and Responsibilities**

	<b>Intake</b>	<b>Investigation</b>	<b>Medical</b>	<b>Victim Services</b>	<b>Legal (Civil &amp; Criminal)</b>	<b>Case Management</b>
<b>Catholic Charities Barbara Mullen</b>	Receive intake from investigative/case management unit of CPS			Individual, couple, family, and group therapy.  CSATP [ongoing CPS case] and SAS [confirmed but closed cases – non-offending parent is supportive of child(ren)]	Attend upon request civil criminal coordination meeting.  Assess child for testimony readiness.  Contract with Judiciary to treat adjudicated sex offenders on probation	Work with Case management unit of CPS

**Oahu**  
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<b>CJC of Oahu Marty Oliphant</b>	Consultation with reporters; make referrals.	Coordinate system response. Train investigators and other responders. Provide interview center with means to make child friendly, forensically sound, audio & video recordings of the interviews. Track all reports of CSA and do follow-up with investigators re case movement.	Help coordinate a child-focused, high quality medical response.	Help coordinate response. Make referrals.	Help coordinate response and communication. Provide training focusing on child-focused responses.	Track all reports as they progress through system, until closed by DHS, HPD, Military, and Prosecutor.
<b>U.S. Attorney's Mei Chun</b>	Please see addendum					
<b>Department of Health Rachael Guay</b>	Please see addendum					

**ADDENDUM**  
**October 14, 2008**  
**Child Sex Abuse Systems Project**  
**Roles and Responsibilities of Partner Agencies**

**CWS (Kayle Perez)**

Child Welfare Services is the designated state agency to provide protective services under HRS 587 Child Protection Act. We receive referrals from the community through our CWS Hotline. Information is gathered and an assessment is completed to see if the report first meets statutory requirements to be accepted and then what level of risk exists.

Once accepted, an intake is generated and assigned to a unit for follow-up. On Oahu, CWS has specialty units to respond to reports of intrafamilial child sexual abuse. There is an assessment unit and a case management unit. On the neighbor islands, there are specialty workers. An assessment of harm must be made within 60-days of the intake coming into the system. If the allegations are confirmed and safety issues exist, a safety plan is established, a petition is filed with the Family Court and the case is transferred to a specialty unit for case management services. A case plan is completed with identified services.

Depending upon the needs of each family member, referrals are made for sex abuse treatment services and for other identified needs. The family works with a case management worker to complete services and maintain a safe home for their children. Services average about 18 months and an on-going assessment is made at the 6 and 12 months mark on permanency plans for the child.

**U.S. Attorney's (Mei Chun)**

The United States Attorney's Office, District of Hawaii, has jurisdiction over violation of federal offenses for the State of Hawaii. Jurisdiction also includes, offenses that occur on Military Installations, and the perpetrator is a dependant of a service member or a civilian. The U.S. Attorney's Office has concurrent jurisdiction with the State. The U.S. Attorney's Office rarely prosecutes juvenile offenders. Juvenile cases are referred to the State of Hawaii.

Once a child sexual abuse case is charged by the U.S. Attorney's Office, the approximate timeline to a conviction or acquittal is three to six months. Sentencing occurs approximately four months after conviction. This timeline also generally applies to cases of child pornography.

### SOMIT (Leanne Gillespie)

The Hawaii Sex Offender Management Team (SOMIT) was first established in 1992 under Chapter 353E under the name of the Sex Offender Treatment Team (SOTT) and charged with establishing a coordinated effort to develop a statewide sex offender treatment program. In 2005, SOTT renamed itself to SOMIT, to better reflect its mission of establishing best practices in all areas of sex offender management, not just in treatment. The roles and responsibilities of SOMT member agencies was solidified by the establishment of a Memorandum of Agreement between the Department of Public Safety, the Judiciary, Department of Human Services, Hawaii Paroling Authority, Department of Health and the Office of Youth Services. The mission of SOMT is "to develop and implement, through collaborative and legislative support, best practice standards statewide for the evaluation, treatment, disposition, ongoing assessment and supervision of adult sex offenders and youth with sexualized misbehavior.

### AG (Mary Anne Magnier)

The Family Law Division of the Department of the Attorney General represents DHS social workers in Child Welfare cases in Family Court. (These are all CWS cases, not just sex abuse)

1. The social worker contacts our office to say they need to file a petition. The case is assigned to a legal assistant who drafts the petition, has it reviewed by a deputy and returns it to the social worker for filing.
2. If a child has been removed from the home by the police under Temporary Foster Custody, the petition needs to be filed within 3 working days of the removal. The case will be heard in Family Court two days after filing.
3. If the child remains in the home, or if the parents agree to a voluntary foster custody arrangement, the petition can be filed and the hearing held within 2 weeks.

4. Once jurisdiction is obtained, the case is heard at least every 6 months until the home can be determined to be safe without the need for a service plan, or the DHS determines that the child needs to have a permanent out of home placement.
5. The deputy's role is to review the social workers' reports, prepare the orders, represent the social workers at the hearings, and prepare them for hearings or trials. They also attend the mediation settings.
6. Each of the deputies on Oahu has approximately 100 active cases.

#### Catholic Charities (Barbara Mullens)

The Child Sex Abuse Treatment Program of Catholic Charities Hawaii provides, under contract with DHS, treatment for child victims of incest and their families, including the perpetrator. Treatment consists of individual, couple, family and group therapy for all participants, when appropriate. The program follows the Jan Hindman restitution model, including clarification, and the program therapists work closely with CPS case managers and GALS to ensure that the needs of the victims are being met as nearly as possible. CSATP also has a contract with the Judiciary to treat adjudicated adult sex offenders on probation, consisting mainly of group therapy, although individual therapy occurs at discretion of therapist and probation officer. CSATP also has a contract with Judiciary, Family Court to treat sexually abusive youth on probation on Oahu and the Big Island. The Safe and Sound program, also a part of CSATP, offers treatment to confirmed (by CPS) victims of sex abuse and their families (not including the perpetrator) after CPS has decided that there are no protective issues, and therefore, CPS closes the case. This treatment is strictly voluntary, and the program offers case management services and outreach that includes transportation to treatment.

#### Victim Witness Kokua Services (Cyndi Keller)

Victim advocates in the Prosecuting Attorney's Office are assigned to each sexual assault case when it is brought into the office to be reviewed for charging. If the case goes forward in the criminal justice system, the assigned advocate works with the deputy prosecuting attorney to keep the victim, parent/guardian, civilian witnesses informed of what might be happening at different stages. Advocates are often the first contact the victim has with the office. If the child is in Child Protective Custody, the advocate will coordinate any interviews and criminal court appearances with the agency. An advocate can assist victims in having their voices

heard in the criminal justice system by advocating for sensitivity to the needs of children, preparing them for testimony, working with therapists and other agencies on behalf of the child in Court. They can also assist in preparing victim impact statements and restitution requests at the sentencing phase. Post-sentencing advocates can assist the victims in attending minimum term hearings at the prison, as well as keep the victim informed as to custody status of the perpetrator.

Victim advocates can also make appropriate referrals for services such as counseling, mental health, government aid, emergency assistance, immigration issues, no contact orders.

Our involvement with child sex assault cases often spans over several years from beginning to the release of a convicted offender.

### Deputy Prosecuting Attorney (Thalia Murphy)

Roles and responsibilities of the prosecutor:

The prosecutor is the only attorney whose responsibility is to do justice. He prosecutes offenses against the laws of the state under the authority of the attorney general of the state. In the context of child sexual abuse, the prosecutor decides whether to charge a case. He can do so only if the case can be proven beyond a reasonable doubt. In order to charge the case, it must be presented to either the grand jury or at preliminary hearing. The child must testify in order for the case to be charged. Once the suspect is charged, the case is set for trial. The prosecutor then appears in criminal court for all subsequent court proceedings which include taking the case to trial and any post-conviction proceedings. A victim advocate is assigned who accompanies the victim to court, and helps explain the process.

Timeline: A case typically takes one year to go to trial after it is charged. Unfortunately, some cases have taken much longer i.e., two, three and four years for a variety of reasons e.g., defendant fires his attorney and gets a new one, defendant needs more time to conduct his own investigation, defendant has other cases pending, etc.

### Juvenile Sex Offender Unit (Kurt Fukuda)

The Juvenile Sex Offender Unit handles only juvenile offenders who commit sex assault. A few have been victimized and due to

possible non-treatment for their victimization began to sexually offend.

Once we receive the referral from the police or prosecutor's office, we schedule for court. We complete a social investigation and adjudicate. We place the offenders on Probation for supervision of the minor in the community or in locked facilities. A clinical assessment and/or psychosexual assessment is completed to determine if the minor is appropriate for out-patient care or in need of residential treatment.

Should he need out-patient care, we refer to Catholic Charities for sex offender treatment. Should the psychosexual assessment recommend residential placement, we work with DOH for funding.

When these youths are in treatment, they receive individual treatment. At that point, their victimization may be revealed and they could receive treatment.

Once the minor is adjudicated for the sex assault, it takes about 6 to 8 weeks for out-patient care to be initiated. For the minors who need residential treatment, it could take longer as we are limited to 10 beds at the Benchmark Program (locked residential treatment program) and 5 beds at the Catholic Charities EHH Program (unlocked residential treatment program).

### **Sex Abuse Treatment Center (Cindy Shimomi-Saito)**

The Sex Abuse Treatment Center (SATC) of the Kapi'olani Medical Center for Women & Children provides comprehensive services to address the physical, emotional, and social needs of sexual assault victims and their families. Services include:

#### **Crisis Intervention**

- 24 hour crisis hotline: 524-7273 for immediate crisis support
- Specialized medical examination available 24 hours a day (must be done within 72 hours of the assault)
- Legal evidence collection (done within 72 hours of the assault)
- Pediatric medical evaluation for non-emergency situations
- Victim support and advocacy during contact with law enforcement personnel and the legal system

### Counseling Services

- Counseling for individuals recently assaulted and for individuals sexually assaulted in the past, including adults sexually abused as children
- Counseling for family members and significant others
- Referral services for additional needs

### Community Outreach and Education

- Educational presentations to schools, community organizations, businesses and other groups
- Professional training and consultation for professionals who work with sexual assault survivors
- Advocacy for policies and laws to protect the rights of sexual assault survivors and to promote community safety

### Department of Health (Rachael Guay)

Summary of FCLB's Services:

Two main functions:

1. Provide direct mental health services for youth with mh issues at the detention facilities and at the Hawaii Youth Correctional Facilities.
2. Collaboration/case management for youth with MH issues in the Juvenile Justice system.  
In terms of services to youth who are victims of abuse, they are among the youths we serve and for these youths we generally will provide aspects of CBT, CBR, MI, and/or DBT interventions to address the abuse issues.  
Our MH assessments do not go into details on the victimization, however, is covered in the psychosocial history part of the assessment. Recommendations will include treatment will generally state the need for youth to receive appropriate MH services to address the abuse issues.  
For the youth at HYCF in particular we often do medication management to help abuse victims manage some of the trauma symptoms displayed at the time of incarceration.

### Children's Alliance of Hawaii (Alfred Herrera)

Intake:

Provides comfort to the families and victim/witnesses who must visit the CJC.

Provides emergency provisions aka Foster Care Packages to victims and siblings that enter CPS.

Investigation:

Provides funding and support for investigative team meetings.

Provides funding and support for professional training.

Victim Services:

“Enhancement” services to all SA victims until age 18 on Oahu; “Enhancement” services to all abuse victims until age 18 on Kauai.

Group activity-based therapy for SA victims, as needed, from ages 9 until age 19.

One-on-one therapy, transition into adulthood planning, and support networking activities for SA victims, as needed, from ages 14 to 21.

Other support services as needed.

Department of Education (Dennis Kajikawa)

Reference: Hawaii Department of Education Regulation, 4200.4 which states in part:

REPORTING OF CHILD ABUSE AND NEGLECT

REGULATIONS

All school staff of the department shall report to the Child Welfare Services, Department of Human Services (hereinafter referred to as "CWS"), any suspicion of a student being abused and shall immediately notify the principal or the designee of the report made to CWS pursuant to §3501.1 HRS.

School staff is defined as persons working at the school in the following capacities: full time employees, casual employees, temporary contracted employees, and volunteers.

Reporting is defined as a telephone call to CWS to report any suspicion of child abuse and neglect and as soon as possible, complete and fax the form DHS 1516, Mandated Reporter Checklist for Suspected Child Abuse and Neglect to CWS pursuant to § 350-1.1, HRS

The completed original form DHS 1516 is to be faxed to CWS and the original is to be sent to the educational specialist designated by the Superintendent for processing to CWS.

If the suspected abuse to the student is sexual in nature or it is determined that the student may be in imminent harm at home, the school staff member shall contact the county police immediately after calling CWS. At no time shall the principal/designee or school staff member interview the student suspected of sexual abuse.

If a call to the county police is made by the school staff member, the person shall immediately notify the principal/designee of the call.

All schools shall have these procedures reflected in their respective school handbooks on Reporting of Child Abuse and Neglect until the regulation is amended.

Hawaii DOE school staff members are provided immunity from liability for the reporting of suspected child abuse, pursuant to § 350-3, HRS.

All reports made by Hawaii DOE school staff members to CWS are confidential pursuant to §350-1.4, HRS.

Any school staff member who knowingly prevents another person from reporting, or who knowingly fails to provide information as required by § 350-1.1, HRS may be charged with petty misdemeanor pursuant to §350-1.2. Petty Misdemeanor is defined in §701-107, HRS.

Excluded in this regulation are the matters of educational neglect.

## **ATTACHMENT 2**

### **Identified System Strengths and Gaps from Focus Groups**

**Child Sexual Abuse System's Response Matrix**  
**Statewide Strengths, Gaps & Recommendations**

	STRENGTHS	GAPS	RECOMMENDATIONS
OAHU Line Workers	<p>1. Partners' attitudes/willingness to work together and dedication to working with victims</p> <p>2. "Specialty" units (HPD, CWS, Prosecutor's Office)</p> <p>3. System is open to looking at gaps/where to improve services</p> <p>4. Funding remains available</p> <p>5. Training is available</p> <p>6. More counseling and awareness for parents</p>	<p>1. Need for <u>MORE SPECIALIZED</u> detectives to investigate child sex abuse cases; more specialty workers and incentives to retain them; Prosecutor's specializing; specialty interpreters (languages/disabilities, etc.); consultant fees</p> <p>2. More training for foster families, need for more residential/therapeutic homes, family programs to work with sexually reactive kids/sexually abusive youth/offenders/victims/juveniles; need incentives and recruitment for more foster families</p> <p>3. Funding for partner agencies so that hours not limited to Mon-Fri and hours can be expanded; decentralize offices to Windward/Waianae (satellite centers)</p> <p>4. Beat officers that won't take reports (includes Military reports, NCIS, CID)</p> <p>5. One Voice and funding to educate community on CSA (in schools)</p> <p>6. Closed circuit TV for victims</p> <p>7. A system to address the time lags on the part of child victims</p> <p>8. Non-DHS sex assault cases to have free support services (especially non-offending parents)</p> <p>9. Less bureaucracy in kids receiving services</p> <p>10. Treatment and investigation for sibling/sibling – child/child sex abuse</p> <p>11. More recognition of technological type sex crimes (internet, cell phones, etc.)</p> <p>12. Child therapists and forensic interviews for all branches of the military</p> <p>13. Method to increase information between agencies</p>	<p>Gap #1: Specialization</p> <p>-Funding</p> <p>-Decrease case load</p> <p>-Training</p> <p>-Mental Health Days off to avoid burn-out</p> <p>-Overtime to be able to finish cases</p> <p>-Ability to work from home</p> <p>-Education/awareness of Administrators/Decision makers regarding need for specialized units</p> <p>-Quicker response time from HPD to prosecutors' office</p> <p>-Combine sex crimes abuse with child abuse/neglect. Remove adult child sex abuse from HPD work</p> <p>Gap #2: Foster Families</p> <p>-Funding</p> <p>-Support (respite, emotional, recognition)</p> <p>-Foster Family training development (sexually reactive youth, sexual behavior problems)</p> <p>-Screening for potential Foster Families</p> <p>-Application process for Foster Families needs to be less evasive/expedited/tailor made to specific type youth</p> <p>-Recruitment: posters (bus stops), FF Funday Fair, community service projects in schools, church/school visits, TV/radio, testimonials</p> <p>-Recognition of family placements/Identify possible family placements</p> <p>-Availability of resources (i.e. furniture) to FF</p> <p>Gap #3: Funding for Partner Agencies</p> <p>-Vouchers for transportation</p> <p>-Legislation</p> <p>-Access community/partner funding</p>

**Child Sexual Abuse System's Response Matrix**  
**Statewide Strengths, Gaps & Recommendations**

		GAPS	RECOMMENDATIONS
STRENGTHS	GAPS	RECOMMENDATIONS	RECOMMENDATIONS
OAHU Line Workers (continued)	<ul style="list-style-type: none"> <li>-Rentals on Windward side – talk to property managers for decreased rent</li> <li>-Share office spaces/rent with other agencies</li> <li>-Flex time/stagger staff to have staff available for longer hours</li> <li>-Work from home</li> </ul> <p>Gap #4: Beat officers refusing to take reports</p> <ul style="list-style-type: none"> <li>-Education</li> <li>-Develop policies/procedures</li> <li>-Identify consequences for non-response</li> <li>-Accountability through accompaniment by specialists</li> <li>-Interagency training group – to help educate first responders (include testimonials)</li> <li>-Beat officers having to report intake calls to supervisors</li> </ul>	<ul style="list-style-type: none"> <li>1. Child/child, sibling/sibling cases falling through the cracks</li> <li>2. Lack of dedicated/specialized team from Prosecutors</li> <li>3. Not enough qualified therapists/interpreters/services in rural areas for court system and services</li> <li>4. Ignorance of public (i.e. jurors)</li> <li>5. Not enough experts: medical, etc.</li> <li>6. Housing/services for teens (14-17 yrs)/victim placement for sexually abusive juveniles</li> <li>7. Coordination issues: different entities have different time frames/agendas</li> <li>8. More effective prevention</li> <li>9. Perceived inconsistencies in CPS intake</li> <li>10. Budget cuts: training (locally and nationally)/program services and delivery</li> </ul>	<p>Gap #1: Child/child, sibling/sibling cases falling through cracks</p> <ul style="list-style-type: none"> <li>-Family strengthening services training (develop protocol/formal checklist of where to send)</li> <li>-Develop protocol (this is more than a family issue)/could impact community. Law enforcement doesn't deal with this age group.</li> <li>-Extend role/responsibilities of CWS to include this issue</li> <li>-System needs to develop programs for these types of cases (include assessment along with treatment)</li> <li>-CPS can make referral out to therapeutic services</li> <li>-Funding needs to be secured</li> </ul> <p>Gap #2: Specialization</p> <ul style="list-style-type: none"> <li>-Address concerns with Prosecutor</li> <li>-Educate new deputy prosecutors (letters, concerns, etc.)</li> <li>-Work to convince additional prosecutors to have interest in</li> </ul>

**Child Sexual Abuse System's Response Matrix**  
**Statewide Strengths, Gaps & Recommendations**

OAHU Supervisors (continued)	STRENGTHS	GAPS	RECOMMENDATIONS
	11. Inadequate punishment of sex offenders 12. Lack of victims' rights 13. Short staffed 14. Transportation issues – especially for rural victims 15. Communication gaps leads to duplication of services, case management concerns, items fall through cracks, judges not educated 16. System under equipped to deal with number of cases 17. Properly trained individuals making decisions to take child into protective custody (training for beat officers, etc.) 18. Shared mindset between judges and Mental Health 19. Not knowing what to do when victim comes back to school/support for victims/perpetrators 20. Not knowing true number (identified) of victims throughout the state 21. Lack of treatment standards for sex offender treatment 22. Military doesn't have access to medical info of child victims	this area -Identify history of what works/doesn't work (cite concrete examples, look at other states' best practices) -Increase public demand for this change  Gap #3: Not enough qualified therapists/interpreters/services -Bill passed leading to state getting better at interpreter issue -More training regarding protocol for interpreting (people speak language but have no training) -Educate legislature about triage – cuts shouldn't be across the board -Volunteer utilization  Gap #4: Ignorance of public (i.e. jurors) -Media outreach/public awareness campaign (check children's trust fund for funding) -Feature positive stories that have education component -Expand SATC's program (curriculum) of educating in schools -Reintegrate CAPP program -Develop booklet/informational brochure for jurors	Gap #1: Need more specialized positions -Maintain "specialization" to few people -Increase efficiency through "One Stop Shop" -Cross train existing folks for specialized training -Offer more pay -Increase awareness of agency heads so that they can allocate appropriate resources  Gap #2: Information/Communication Gap -Develop resource book/keep it updated
HIO (EH) Line Workers	1. Coordination between CJ/C Police/DHS/EAP 2. Monthly case tracking to talk about status of cases 3. Response time to providing services to victims 4. Civil/criminal meetings bring everyone involved in case together 5. Players train together	1. More specialized positions: attorneys, nurses, CPS 2. Information/communication gap in services available in community 3. Training of court people: judges, court appointed attorneys 4. Separate agencies/locations – need for a "one stop" shop (Co-location; centralized CJ/C) 5. Huge gap in services (mental health) for female offenders (residential placements) -Gap in services that provide mental health services to	

**Child Sexual Abuse System's Response Matrix**  
**Statewide Strengths, Gaps & Recommendations**

HILO (EH) Line Workers (continued)		victims and offenders	<p>Gap #3: Training of Court People: Judges, attorneys regarding CSA (dynamics, basic understanding, etc.)  -In-service trainings by involved agencies i.e. SART, etc.  -CJC consultants training judges/attorneys</p> <p>Gap #4: "One Stop Shop" – Centralized CJC  -Physical One-Stop Shop  -Mandate is needed from all the involved agencies  -Specify which agencies will be together  -Look to existing models for direction: Elderly services, other states  -Need a building/location  -Multiple one stop shops in different communities (lack of transportation issues, rural nature of community). Provide "traveling services" to communities  &gt;Create a virtual "one stop shop" available to all providers, etc.</p>	
		STRENGTHS	GAPS	RECOMMENDATIONS
HILO (EH) Supervisors	1. Commitment for interagency cooperation (teamwork), willingness to look at system and make changes 2. Case tracking 3. Differential risk assessment 4. Institutional	1. Legal barriers (2 separate systems/tracks), cases take too long (expedited sentencing, victim readiness, etc.). Judicial system not child friendly, no psych-sex providers/cost prohibitive 2. Need for more specialized, systematic training curricula and certification/competency identification in (medical exams, collaborative sex assault, etc.). lack of providers/services for victims/offenders	Gap #1: Legal Barriers -Review cases pending prosecution to identify legal barriers -Provide incentives to specialize (for assessments, etc.) -Cheaper psycho-sex/risk assessments -Identify and utilize sound victim readiness assessments -Put more money into expedited sentencing/faster/more often -Training on expedited sentencing/criteria -Pilot test: contacting victims (old style) and compare to new	

**Child Sexual Abuse System's Response Matrix**  
**Statewide Strengths, Gaps & Recommendations**

HILO (EH) Supervisors (continued)	memories/existing system works despite problems 5. Dedicated workers 6. Training 7. Solid forensic medical exams	3. Lack of multi-disciplinary/specialized teams reluctant staff, lack of clinical providers/supervision for service providers for victims/offenders 4. Lacking communication of how providers fit together in system, information sharing is a problem (for non-CWS cases) – no means to contact victims leads to gaps in service (consent form issue)	Gap #2: Need for Specialization -Provide incentives to encourage specialization/retention -On-going local training/support to specialists -Lack of sex abuse specific training available for therapists need for intensive sex abuse clinical training -Agency policies (services commitments in exchange for training, policies regarding promotions/people moving on that received trainings) -Funding (payment) needs to be addressed
		5. Commit more resources to prevention, institutional restrictions for outreach funding (DOH) are barriers 6. Funding (for training, positions, etc.) (e.g. VAWA funds pay for SANE exams for adults and adolescents but not children) 7. Communication lacking/data not being analyzed/shared 8. No follow-up for offenders (i.e. support groups, etc.) 9. Lack of medical providers/medical director for SANE 10. Geographical (transportation) issues – need for satellite offices; lack of viable transportation for clients to access services/providers 11. DD offenders and victims: need services, prevention, treatment, etc.	Gap #3: Communication lacking (internal/external) -Co-locate ("One Stop Shop") -Interagency trainings/social networking between partners -Devise "flow chart" and disseminate to partners -Gather/review confidentiality laws and recommend changes if needed -Less reliance on funded programs will lead to increased flexibility
		<b>STRENGTHS</b>	<b>GAPS</b>
KAUAI Line Workers	<i>*Note: The Group addressed their LOCAL system separately from the STATE system</i> LOCAL SYSTEM: 1. SART team available 24/7 2. Most partner agencies have	1. Disconnect between Police Department and DHS/lack of follow-through in timely manner/decisions to prosecute or not in child sex abuse cases (timeliness in criminal court lagging/lack of manpower, resources, etc./need for appropriate finances and resources to partner agencies 2. Legislative support that matches need and	<b>RECOMMENDATIONS</b> Gap #1: Disconnect between Police Department and DHS/Lack of timeliness of process -Create time guidelines for all partner agencies to operate by and communicate/share timelines (include financial support for this) -Review/update current policies/procedures -Special recruitment for specialization

**Child Sexual Abuse System's Response Matrix**  
**Statewide Strengths, Gaps & Recommendations**

KAUAI Line Workers (continued)	<p>positive (non-judgmental) relationship with population served</p> <p>3. CJC good at connecting parties necessary and providing support to families</p> <p>4. Good coordination between partner agencies/partners available when needed</p> <p>5. CWS/Mokihana – solid, positive local working relationships</p> <p><b>STATEWIDE SYSTEM:</b></p> <ol style="list-style-type: none"> <li>1. Statewide trainings</li> <li>2. Open to improvement</li> <li>3. Statewide intake and filtering of severity</li> <li>4. Union</li> <li>5. SATC support</li> </ol>	<p>situations, gaps in laws</p> <p>3. Youth with sexual behavior problems: no provision of services prior to adjudication; no provision in state contract to provide inpatient treatment/placement for these youth</p> <p>4. DNA testing services statewide (need for one provider lab)</p> <p>5. Statewide intake system: barrier</p> <p>6. Lack of testing for STDs during SANE exam</p> <p>7. Lack of prevention education in topics related to sex assault</p> <p>8. Drug/alcohol testing at time of investigation</p>	<p>-Deive mechanism for DHS to know which officer is assigned to parallel investigation</p> <p>-List Police Department staff (statewide) – exchange contact information between partners statewide</p> <p>Gap #2: DNA testing services available statewide</p> <p>-Create 1 “state lab” to handle testing (also, can handle other tests: burglaries, murders, paternity, etc. Existing model is the finger printing)</p> <p>-\$ needed to fund certified lab</p> <p>Gap #3: Legislative support (\$\$, gap in laws)</p> <p>-Task Forces to assess current laws and real life situations to identify gaps in current laws</p> <p>-Creation of state timeline with \$\$ support would garner state support down to line (county) support</p> <p>-Develop timely communication mechanism to identify which laws are up for change/gather input</p> <p>-Write congressmen/Senators to advocate for needs</p>	<b>STRENGTHS</b>	<b>GAPS</b>	<b>RECOMMENDATIONS</b>
KAUAI Supervisors	<p><i>*Note: The Group addressed their LOCAL system separately from the STATE system</i></p> <p><b>LOCAL SYSTEM:</b></p> <ol style="list-style-type: none"> <li>1. Willingness to collaborate/all agencies have open door policy/all know each other/have relationships</li> <li>2. Expedited response on</li> </ol>	<p>1. Centralized intake creates an additional level of bureaucracy in system/creates barrier, creates unnecessary delays, institutional knowledge (on island) vs. anonymity (Oahu), reporting is hindered</p> <p>2. Lack of timeliness of process from report received to court</p> <p>3. No standardized intake system for variations within family sex abuse/inconsistent assessment, differential response creates gaps in services for kids, inconsistent assessment of risk</p>	<p>Gap #1: Lack of timeliness of process</p> <p>-Fast-track child sex assault cases through court improvement process</p> <p>-Legislation that addresses: timelines and investigative protocols across disciplines (DHS, CJC)/legislation to address victims' rights</p> <p>-Continue to support CJC coordination efforts/continuing case tracking conferences</p> <p>-Legislation to increase resources (\$\$, positions, equipment, training, overtime, etc.)</p>			

**Child Sexual Abuse System's Response Matrix**  
**Statewide Strengths, Gaps & Recommendations**

KAUAI Supervisors (continued)	island/solution oriented/look out for best interest of child (from all partner agencies) 3. Framework in place 4. Partners know their roles/updated guideline agreement  <b>STATEWIDE SYSTEM:</b> 1. Well-informed/well-intending/system reforming administrators/work in progress – examining system to improve it 2. Protocols to standardize services 3. Willing to create structure and facilitate statewide meetings 4. Differential response (when report made, assessed at 3 levels)	4. Discrepancies in state vs. local (DHS is centralized, police department is not centralized), investigative policies, lack of specialization with Kauai P.D. 5. Neighbor island voices not considered in policy making 6. Workload is a challenge, expectation to do more with less \$\$, mandates 7. Payment for services for non-CWS 8. Different models exist on Oahu and other islands for DHS, etc. 9. Implementing theory vs. practice, plan exists but not implemented consistently 10. Need for more efficient database (number of calls in/accepted, etc.)	-Increase number of qualified professionals/recruitment and retention development  Gap #2: Inconsistent assessment of risk: differential response, no standardized intake, etc. -Standardized assessment of risk and response ACROSS statewide system -Decentralize intake (back to local jurisdictions) <i>*The group said BOTH of these issues need to be addressed simultaneously.</i>
KONA (WH) Line Workers	<b>STRENGTHS</b> <ul style="list-style-type: none"> <li>1. Good communication between partners</li> <li>2. CJC program/role</li> <li>3. Free programs: counseling, therapy through YWCA/CFS</li> <li>4. Lots of resources/agencies that work with victims</li> <li>5. Statewide training</li> </ul>	<b>GAPS</b> <ul style="list-style-type: none"> <li>1. Criminal system needs to have a sense of urgency, court cases need to be expedited, current system not supported by "best practice", backlog in criminal court, discrepancies/inconsistencies across state regarding court system</li> <li>2. Centralized intake system: no consistency regarding referrals (especially non-DHS cases), different intake workers perceive cases differently regarding acceptance or not, no monitoring for non-CPS cases to</li> </ul>	<b>RECOMMENDATIONS</b> <ul style="list-style-type: none"> <li>Gap #1: Criminal system needs to have a sense of urgency, court cases need to be expedited, current system not supported by "best practices", backlog in criminal court, discrepancies/inconsistencies across state regarding court system</li> <li>-Educate prosecutors/judges regarding recent studies that show that delays harm children. Prosecutors to confront their own fears and prejudices regarding victim readiness to testify</li> <li>-Enforce deadlines of all partners throughout system</li> </ul>

**Child Sexual Abuse System's Response Matrix**  
**Statewide Strengths, Gaps & Recommendations**

<b>KONA (WH) Line Workers (continued)</b>	<p>ensure treatment for child, sibling/sibling cases fall through cracks</p> <p>3. Absolute inefficiency of probation system in state, lack of communication between other Law Enforcement agencies and probation, limited resources to supervise offenders once on probation, limited resources/tools/training/reactive vs. proactive</p> <p>4. Lack of adequate transportation</p> <p>5. Untrained initial responders; patrol</p> <p>6. Contracts for juvenile/adult offender treatment not cohesive/no continuity. Contracts get in the way of providing consistent/continuous/timely offender treatment. System is contract focused vs. treatment focused. Victim treatment – contract issues are contract focused vs. treatment focused.</p> <p>7. No treatment/holding facilities for juvenile offenders</p> <p>8. Limited opportunities/expensive training for all staff</p> <p>9. CJC no received intakes directly from centralized system</p> <p>10. No consistency of psycho-sexual evaluators across state/long wait/expensive</p>	<p>-Streamline process: Police Department reports directly to West Hawaii prosecutors to expedite/screen for prosecution. WH cases prosecuted by WH</p> <p>-Provide specialized/trained prosecutor (vertical prosecution) to deal with CSA cases</p> <p>-Co-locate a child advocacy/victim advocacy center</p> <p>-Offenders to serve straight sentence time vs. in and out of jail</p> <p>Gap #2: Centralized intake system: no consistency regarding referrals (especially non-DHS cases), different intake workers perceive cases differently, regarding acceptance or not, no monitoring for non-CPS cases to ensure treatment for child, sibling/sibling cases fall through cracks</p> <p>-CJC to receive all CSA intakes from central intake, co-locate partners in one child advocacy center, social worker position needed for CJC, assign non-CPS cases to a particular agency for follow-up</p> <p>-Address CPS system to make changes through directory office/provide consistent training for central intake workers</p> <p>Gap #3: Absolute inefficiency of probation system in state -Professional co-location: CPS/Prosecutors/HPD/Treatment providers/VW</p> <p>-Resources needed: \$\$, equipment, staff, training, etc.</p> <p>-Communication improvement between agencies: (HPD/Prosecutors/etc.) regarding compliance, etc. There is no system in current system – share arrest log. Create system to provide list of probationers/terms and conditions to HPD</p> <p>-Accountability issues (educate judges)</p>
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**Child Sexual Abuse System's Response Matrix**  
**Statewide Strengths, Gaps & Recommendations**

	STRENGTHS	GAPS	RECOMMENDATIONS
KONA (WH) Supervisors	<p>1. Commitment of all agencies involved</p> <p>2. CJC</p> <p>3. Good (individual) workers/well-trained/experienced</p> <p>4. System (civil and criminal) is working well overall</p> <p>5. Frequent/regularly scheduled trainings (General Dynamics of CSA/Forensic Interview)</p> <p>6. Frequent/regularly scheduled case tracking and interagency meetings</p> <p>7. Each strength is dependent upon each other</p>	<p>1. Differences between services on different islands/lack of appropriate resources and support services between islands</p> <p>2. Cases not accepted by DHS not getting appropriate services/lack of support for non-CWS cases/follow through issues if CWS is not involved</p> <p>3. Centralized intake not faxing intakes to CJJC and therefore can't track cases/centralized intake criteria/lack of communication between Centralized Intake and other partners lead to confusion/disconnect between differential response system and current system requirements</p> <p>4. Court process is too long (takes too long to process certain cases)</p> <p>5. Geographical distances between service providers/agencies – co-locate</p> <p>6. Lack of appropriate response of system – severity/timeliness/urgency</p> <p>7. Personnel: frequent changes in personnel/recruitment/training/leads to gap in crisis intervention and referral</p> <p>8. Lack of financial support to victim's families</p> <p>9. Problems engaging victims into services – lots of untreated victims</p> <p>10. Lack of understanding of CWS role in community</p> <p>11. Inability to share information: confidentiality issue</p> <p>12. Court rooms are child unfriendly</p>	<p>Gap #1: Differences between services on different islands/lack of appropriate resources and support services between islands:  -psychosexual, counseling/treatment for victims/defendants, etc.</p> <p>-Expand specialized services within existing contracts  -Pool/share existing resources/services: have one location</p> <p>-Create incentives for recruitment/retention for service providers/utilize current providers to go to victims in their communities: decentralize services</p> <p>-Utilize existing school facilities for treatment/counseling</p> <p>-Train existing personnel or bring in additional trained personnel</p> <p>-Train informal leaders from communities: barefoot doctors, aunties, etc. to provide services and provide compensations for those services</p> <p>-Engage the University in providing services</p> <p>-Ensure services provided are based on "evidence based practices"</p> <p>Gap #2: Centralized Intake System</p> <p>-Centralized intake is a bureaucratic system – seek community/provider input regarding intake process to revamp process</p> <p><i>*All of the following brainstormed solutions can be incorporated into the above listed priority solution</i></p> <p>-Have centralized CWS intake <b>FAX</b> intakes for sex abuse identified cases immediately to CJJC</p> <p>-Decentralize intake system</p> <p>-ALL CALLS for sex abuse into centralized intake to be documented/referred to appropriate agency</p> <p>-Centralized intake callers to be more supportive by giving callers options/alternatives</p>

**Child Sexual Abuse System's Response Matrix**  
**Statewide Strengths, Gaps & Recommendations**

		STRENGTHS	GAPS	RECOMMENDATIONS
MAUI Line Workers	<p>1. Law permits CWS involvement in these cases.</p> <p>-Sibling is by definition (587-2) part of child's (victim's) "Family"</p> <p>"Sex abuse is by definition a "Harm" (587-2)</p> <p>-Court has jurisdiction over case in which child's physical or psychological health or welfare is subject to imminent harm, has been harmed, or is subject to threatened harm by the acts or omissions of the child's family" [587-11 and 587-63(b)(1)]</p>	<p>1. CWS does not get involved in sex abuse when victim and perpetrator are sibling minors.</p>	<p>1. Change policy, raise concerns about consequences, revisit decisions to have Centralized Intake</p>	<p>Gap #3: Non-CWS cases</p> <ul style="list-style-type: none"> <li>-Expand specialized services within existing contracts; to include assessment, case management services to ensure continuity of services</li> <li>-Pool/share existing resources/services – one location</li> <li>-Ensure continuity of services</li> <li>-Identify personnel to assist families through process</li> </ul>

**Child Sexual Abuse System's Response Matrix**  
**Statewide Strengths, Gaps & Recommendations**

<b>MAUI Line Workers (continued)</b>	<p>2. Other states have laws that make successful prosecution of perpetrators of child sex abuse easier</p> <p>3. Centralized intake uses more highly qualified social workers (IVs) to do the screening</p> <p>Procedures for screening are standardized</p> <p>More workers in local units available because the units do not have screening responsibility</p> <p>4. Law permits removal of the perpetrator rather than the victim [587-52 and 587-53 (d)(7)]</p> <p>Law sets priority on removing perpetrator rather than victim [587-53(f)(1)]</p> <p>5. Public concern causes politicians to at least "talk the talk"</p>	<p>2. Criminal Laws for Child Sex Abuse are not current with national standards</p> <p>3. Centralized intake results in a time delay in starting investigation because CWS and police are not always notified simultaneously;</p> <p>b) local knowledge of family functioning in community not considered in decision making</p> <p>c) possibility of inconsistent decision making because it is not a consistent person doing the screening</p> <p>4. Too frequently the victim, rather than the perpetrator, is removed from the home, especially if the perpetrator is a minor</p> <p>5. Disparity between the political leaders claim is a high community need (child well being) and how they perform (allocate resources) in their political offices</p>	<p>2. Support Law Enforcement Coalition in seeking changes to HRS</p> <p>3. Get specific examples of problems caused or bad decisions. Review policy.</p> <p>5. Provide on-going education and awareness opportunities for politicians</p>
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**Child Sexual Abuse System's Response Matrix**  
**Statewide Strengths, Gaps & Recommendations**

<b>MAUI Line Workers (continued)</b>	6. Police willing/anxious to have more knowledgeable trained CWS worker help in making this decision.	6. Patrol officers called upon to make decision whether to remove a child (TFC) without access to opinion of CWS worker	6. Have on-call CWS worker for patrol officers to consult with in making removal decision.
	7. DOE cares about the children and wants their needs addressed.	7. DOE is unfamiliar with role of CWS and makes inappropriate referrals that do not reflect understanding that safety of child, not basic needs, is CWS priority concern  DOE challenges CWS assessments	7. Training, education, workshops for DOE and CWS to understand each others roles and concerns
	8. Each agency or department within the agency is familiar with its own policy and procedure	8. Various agencies and people within those agencies have differing interpretations of DHS policy and procedure	8. Periodic meetings for open communication and exchange of information
		9. Insufficient attention given to family economics – how is family supported when breadwinner is removed from home?	
STRENGTHS	GAPS	RECOMMENDATIONS	
MAUI Supervisors  <i>*Note: This focus group chose to categorize strengths and weaknesses into four categories to summarize important issues</i>	<b>RESOURCES-</b> 1. Sexual Assault Hotline provides valuable service	1. CWS understaffed – too many cases per workers 2. Insufficient police resources focused on CSA 3. Insufficient Treatment services 4. Rural areas lack therapists (high turnover rate) 5. Rural areas suffer time delay in obtaining interviews 6. Too few children who are subject of report receive quality interview and/or investigation	

**Child Sexual Abuse System's Response Matrix**  
**Statewide Strengths, Gaps & Recommendations**

<b>MAUI</b> Supervisors (continued)	<b>TRAINING-</b> 1. QLCC valuable resource in community for cultural issues 2. Dr. Kepler training all participants in forensic medical exam 3. Police investigators participate in continuing training	1. Knowledge and consideration of culture differences 2. Mandated reporters sometimes do not make reports when they should, especially in more rural areas. 3. There are occasional challenges in interagency communication and coordination.	1. Make training more available 2. Make it targeted and relevant to specific audience 3. Fix periodic training dates in agency calendars, then develop training for those dates – could be multiple trainings on those dates so that all do not attend same meeting 4. Managers require attendance of employees at training 5. Current “Response to CSA” training organized by CJC should be done more frequently
	<b>TRUST/COMMUNICATION-</b> 1. Molokai Interagency Committee 2. CJC under direction of Pat Singsank coordinates meetings that foster interagency relationships 3. Police readily available to school counselors: SRO's helpful 4. DOE representative on various committees	1. CWS does not provide enough information to schools about children involved with CWS 2. Occasionally confidential information re reporters has been released, improperly 3. There is a lack of trust among some DOE and DHS staff	
	<b>SYSTEM-</b> 1. Current prosecutors are deeply committed to victim needs in CSA cases	1. Central intake places limited value on local knowledge of family functioning in community 2. Multiple interviews of child still taking place (field interview and full interview) 3. There is no placement protocol for CSA involving foster children in the same placement 4. There is almost no CWS involvement in CSA cases between sibling minors not in foster care 5. Agencies not clear about other agencies' specific roles and actions in CSA cases	

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LANAI	CURRENT PROTOCOL & ACTUAL PROCEDURE:	CONCERN/QUESTIONS: SUGGESTIONS:
<p>Lanai conducted an informal focus group on 11-18-08. A summary is reported here.</p>	<p>A report is made to DHS-CWI. If assigned for investigation, Lanai SW is notified and dispatched. If CSA is identified, arrangements are made to fly the child and caregiver to Maui for interview. Police are involved on Lanai if a child needs to be taken into protective custody.</p>	<p>1) If MPD is contacted first about CSA, does CWS get contacted re intrafamilial cases? <i>The answer is they are supposed to be.</i></p> <p>2) How coordinated are the referrals for non-familial CSA, by CWS &amp; MPD?</p> <p>3) What's the rationale for not having all CWS workers trained to conduct CSA interviews?</p> <p>4) What is done to assure HRS 357 is addressed as strongly as the criminal aspect?</p> <p>5) What is patrol officer's responsibility in responding to reports of CSA on Lanai? Are they adequately trained to do this? Belief is, generally not.</p> <p>6) Treatment services are provided by CFS, usually on Maui, not Lanai. This creates hardship. Is there more to this situation? Is it victim focused?</p> <p>1) None.</p> <p>2) None.</p> <p>3) Have the Lanai social worker trained more in CSA, including interviewing, if it's possible and feasible.</p> <p>4) Review practice to assure there is balance.</p> <p>5) Have CWS worker be primary responder.</p> <p>6) Follow up with CFS to learn more about this, as no one at the focus group had direct information.</p>

# Acknowledgements

## Acknowledgements

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